

Lower Paxton Township

Membership Application Form

APPLICANT #1

Last Name\_\_\_\_\_ First\_\_\_\_\_ Middle\_\_\_\_\_

Home Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone #\_\_\_\_\_ Business Phone #\_\_\_\_\_

Birthdate\_\_\_\_\_ Sex\_\_\_\_\_ Applicant’s Township\_\_\_\_\_

APPLICANT #2

Last Name\_\_\_\_\_ First\_\_\_\_\_ Middle\_\_\_\_\_

Home Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone #\_\_\_\_\_ Business Phone #\_\_\_\_\_

Birthdate\_\_\_\_\_ Sex\_\_\_\_\_

Emergency Contact Information:

Name\_\_\_\_\_ Phone \_\_\_\_\_

Address\_\_\_\_\_ Relationship\_\_\_\_\_

Children’s Names First	M	Last	Sex	Birthdate	School	Grade	Address (if different from above)

Membership Category: Youth/Student      Adult Single      Adult Couple/Single Parent

Family      Senior Single      Senior Couple

Payment Plan:      Full Payment      Automatic Debit\*(complete attached form)

Make checks payable to: Lower Paxton Township

Mail to: Friendship Community Center, 5000 Commons Drive, Harrisburg PA 17112.

Total Membership Fees:      Enclosed      Charge to my      VISA      MasterCard      MAC(walk in only)

I hereby agree to abide by the rules and regulations of the Friendship Community Center. I agree to keep my FCC account current using one of the payment plans offered by the Friendship Community Center. I understand there are no refunds of membership fees.

Signature \_\_\_\_\_ Date\_\_\_\_\_